

CLUB INCIDENT/ACCIDENT REPORT FORM

NAME OF CLUB.....

1. Site where incident/accident took place:

2. Name of person in charge of session/competition:

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Name of injured person:

3. Address of injured person:

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Date and time of incident/accident:

4. Nature of incident/accident:

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5. Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, eg training game, getting changed, etc.

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6. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

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7. Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/guardian: Yes No

8. What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

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9. All of the above facts are a true and accurate record of the incident/accident.

SIGNED: DATE:

Name:

Witness Signature:

Name:.....